2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N98000004274

Entity Name: THE VALENTINE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

FOUR ISLE RIDGE WEST
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

FOUR ISLE RIDGE WEST
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 22-3603584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLARK, AUDREY I
FOUR ISLE RIDGE WEST
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CLARK, AUDREY I
Address: FOUR ISLE RIDGE WEST
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete
Name: CLARK, PETER
Address: THOMSON RD
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: D ( ) Delete
Name: MOORE, SANDRA C
Address: 606 EAST DRIVE
City-St-Zip: SEWICKLEY, PA 15143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CLARK, AUDREY I
Address: FOUR ISLE RIDGE WEST
City-St-Zip: HOBE SOUND, FL 33455 US

Title: D (X) Change ( ) Addition
Name: CLARK, PETER
Address: P.O. BOX 1737
City-St-Zip: WEST TISBURY, MA 02575 US

Title: D (X) Change ( ) Addition
Name: MOORE, SANDRA C
Address: 113 PONSBURY ROAD
City-St-Zip: MOUNT PLEASANT, SC 29464-660 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY I. CLARK D 04/16/2009

Electronic Signature of Signing Officer or Director — Date